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CONFIRMATION NO. 6377

SERIAL NUMBER 10/715,117	FILING OR 371(c) DATE 11/18/2003 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 006539.00051
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/427,202 11/19/2002 and claims benefit of 60/434,434 12/19/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials <u>SK</u>	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 134	INDEPENDENT CLAIMS 54
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ADDRESS

22907

TITLE

Amplified genes involved in cancer

FILING FEE RECEIVED 7338	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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